

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	BZ	897	03-29-01
FORMALITY REVIEW	NN	778	5/31/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	08/14/00
2	-	-	11/21/00
3	-	-	06/28/00
4	-	-	07/03/00
5	-	-	
6	-	-	
7	-	-	
8	-	-	
9	-	-	
10	-	-	
11	-	-	
12	-	-	
13	-	-	
14	✓	✓	
15	N	N	
16	-	-	
17	-	-	
18	-	-	
19	-	-	
20	-	-	
21	-	-	
22	N	N	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	-	-	
29	-	-	
30	-	-	
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Claim	Final	Original	Date
51	-	-	
52	-	-	
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Claim	Final	Original	Date
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150	-	-	

If more than 150 claims or 10 actions  
staple additional sheet here

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